

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

DOC NO  
REC'D/FILED

UNITED STATES DISTRICT COURT

for the

WESTERN District of WISCONSIN

SEVENTH Division

2021 NOV -1 AM 10: 28

PETER OPPENEER  
CLERK US DISTRICT COURT  
WD 0511

21-cv-685-jdp

Case No.

(to be filled in by the Clerk's Office)

JEFFREY NELSON GRIMES

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

DANE COUNTY JAIL

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

JEFFREY NELSON GRIMES

All other names by which  
you have been known:

-None -

ID Number

DOC # 703289

Current Institution

DODGE CORRECTIONAL INSTITUTION

Address

P.O. Box 700WAUPAN

City

WI

State

53963-0700

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

DANE COUNTY JAIL (CURRENT SHERIFF  
AND ALL STAFF TOO)Job or Title (*if known*)

Shield Number

Employer

Address

115 W. DOTY STREETMADISON

City

WI

State

53703

Zip Code

☐

Individual capacity

☒

Official capacity

**Defendant No. 2**

Name

DANE COUNTY SHERIFFS DEPARTMENTJob or Title (*if known*)

Shield Number

Employer

Address

115 W. DOTY STREETMADISON

City

WI

State

53703

Zip Code

☐

Individual capacity

☒

Official capacity

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## Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

THE DUE PROCESS CLAUSE OF THE FOURTEENTH AMENDMENT.

C. ~~Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?~~

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

I WAS IN THE CARE AND CUSTODY OF THE DAWE COUNTY JAIL AND SHERIFFS DEPARTMENT BEING HELD FOR TRIAL. THEY WERE ACTING UNDER ALL LAWS AND REGULATIONS ALLOWING THEM TO HOLD ME IN THAT MANNER IN THEIR FACILITY. LAWS THAT ALSO REQUIRED THEM TO CARE FOR ME AND GUARD AND PROTECT ME.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee (AT THE TIME FRAME THE SUIT COVERS)
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner (I HAVE SINCE MADE A PLEA AND AM IN PRISON NOW)
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

I WAS DETAINED IN THE DAWE COUNTY JAIL FROM JUNE 13, 2019 UNTIL OCTOBER 1, 2021. IT IS A FACILITY AND ENVIRONMENT TOTALLY UNDER THE CONTROL OF THE DAWE COUNTY SHERIFF'S DEPARTMENT. I CAUGHT COVID-19 THERE IN THE FALL OF 2020. (SEE ATTACHED "STATEMENT OF CLAIM, PART B" CONT'D)

STATEMENT OF CLAIM, PART "B" (CONTINUED)

- I WAS IN THE JAIL'S CARE SINCE BEFORE THE COVID CRISIS HIT AND HAD NO ABILITY TO RESPOND TO IT ON MY OWN. THE RISKS FROM CONTRACTING COVID WERE SERIOUS, AND THE JAIL TOOK UNREASONABLE ACTIONS IN RESPONSE TO THAT RISK.
- BY THE FALL OF 2020 THE CRISIS WAS A FULL YEAR OLD AND THE JAIL FAILED TO HAVE PUT A TIEVE VIRUS PREVENTION AND QUARANTINE PROCEDURE IN PLACE.
- MY GRIEVANCE #108028123, FROM NOVEMBER 19, 2020 HIGHLIGHTS THEIR FAILURE BUT THERE ARE SOME FACTS TO IT THAT THE GRIEVANCE ITSELF DOES NOT INCLUDE!
  - 1.) I WAS IN HOUSING UNIT 4C/4D (VETERAN'S POD) WHICH SHARED A COMMON KITCHEN AND DEPUTY BOOTH WITH 4E WHICH WAS THE INMATE WORKER POD.
  - 2.) WE WERE QUARANTEED AROUND NOV. 13-14, BEING TOLD THAT "STAFF" HAD EXPOSED 4C/4D TO THE VIRUS. 4E WAS NOT QUARANTINED EVEN THOUGH IT SHARED THE SAME STAFF AND A COMMON KITCHEN. SEVERAL PEOPLE IN POD #4C GRIEVED THIS LOCKING DOWN OF ONLY ONE SIDE BUT I DID NOT SINCE OTHERS WERE.
  - 3.) ON NOV. 19, 2020 OUR POD WAS TAKEN DOWN TO THE GYM TO WAIT WHILE THE POD WAS BEING DISINFECTED WITH A UV LIGHT TREATMENT.
  - 4.) WHILE OUR QUARANTINED GROUP WAS USING THE GYM, TWO OF THE INMATE WORKERS CAME IN AND WERE PLAYING BASKETBALL (UNMASKED) WITH OTHERS FROM THE QUARANTINE GROUP. (THIS WAS THE BASIS FOR MY GRIEVANCE.)
  - 5.) I FILED GRIEVANCE #108028123 ON THE BEHALF OF OUR GROUP AND THE RESPONSE INDICATED THAT THE INMATE WORKERS ALL NEEDED TO BE FULLY QUARANTINED AS WELL SINCE THEY HAD VIOLATED OUR QUARANTINE, LEFT FROM IT TO GO WORK IN OTHER PARTS OF THE JAIL, AND THEN RETURNED TO THEIR OWN POD. (POD 4E).

(CONT'D PAGE 2)

STATEMENT OF CLAIM, PART "B" (CONTINUED PAGE 2)

6.) ON OR ABOUT NOV. 21, WE WERE TOLD THAT OUR QUARANTINE WAS BEING LIFTED, AFTER ONLY SEVEN DAYS, AND THAT THE INMATE WORKERS WERE OFF OF QUARANTINE AS WELL AND RETURNING TO WORK.

7.) I DO NOT RECALL WHICH DEPUTY I QUESTIONED ABOUT THE QUARANTINE LIFTING, BUT THEY SAID THEY HAD TO LIFT IT TO GET THE INMATE WORKERS BACK TO WORK BECAUSE THEY COULD NOT FIND REPLACEMENTS. OUR POD'S QUARANTINE WAS LIFTED ONLY BECAUSE WE WERE LINKED TO THE INMATE WORKER GROUP AT THAT POINT.

- THE POINT OF THIS WHOLE EPISODE IS THAT THERE REALLY WAS NO TRUE QUARANTINE PROCEDURE IN PLACE AND WHAT THEY USED AS PROCEDURE WAS FLEXIBLE IF CIRCUMSTANCES DICTATED A NEED.

- PLEASE ALSO NOTE THAT NOT A SINGLE PERSON WAS TESTED FOR COVID DURING THIS TIME.

- A FEW DAYS LATER THE INMATE WORKER POD WAS COMBINED INTO OURS.

- IT TURNED OUT THAT SEVERAL OF THEM WERE SICK BUT NOT TELLING ANYBODY FOR FEAR OF LOSING THEIR JOBS. ONE OF THEM NAMED TERRY ZACHARIAS ADMITTED TO ME LATER THAT HE GUESSED THAT HE HAD CAUGHT THE COVID FIRST AND HAD EVEN BEEN FOUND TO HAVE A HIGH FEVER THROUGH A THERMOMETER SCAN WHILE ON THE JOB. HE SAID THE DEPUTY DOING THE SCANS DECIDED TO TAKE HIS TEMPERATURE AT THE BASE OF HIS THROAT INSTEAD OF HIS FOREHEAD ~~to~~ TO GET A LOW ENOUGH NUMBER TO RECORD.

- SO, WHETHER I WAS EXPOSED TO COVID BY "STAFF" OR BY INMATE WORKER TRUSTEE STAFF, I DID NOT NEED TO CATCH IT AT ALL WHILE IN A CONTROLLED ENVIRONMENT. I CAUGHT COVID BECAUSE OF THE POOR PROCEDURES AND STAFF TRAINING OF THE SHERIFF'S DEPUTIES IN THE JAIL.

C. What date and approximate time did the events giving rise to your claim(s) occur?

WE WERE EXPOSED TO THE VIRUS IN THE MIDDLE OF NOVEMBER 2020.  
WE WERE NOT TESTED FOR MONTHS AFTER BUT THAT RESULT IS ATTACHED  
CONFIRMING I CAUGHT COVID IN THE JAIL.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SOMETIME BETWEEN NOVEMBER 13 AND NOVEMBER 14, 2020 THE DEPUTIES  
QUARANTINED ME AND ALL PERSONS IN OUR HOUSING UNIT, SAYING THAT WE  
HAD BEEN EXPOSED TO COVID-19 THROUGH DIRECT CONTACT WITH SOMEBODY  
ON "STAFF" WHO TURNED OUT TO HAVE THE VIRUS.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

THE COVID-19 VIRUS WAS AN INJURY, WHEN I WAS TESTED AND FOUND TO HAVE  
ANTIBODIES FOR IT, I WAS ISOLATED IN AN UNSANITARY CELL IN THE OLD JAIL  
BUT NEVER ONCE SEEN BY A DOCTOR. NURSING STAFF CAME BY JUST FOR TEMPERATURE  
CHECKS, ALL QUESTIONS OR REQUESTS FOR MEDICATION WERE IGNORED.

AS A DIRECT RESULT OF THE VIRUS, I HAVE LOST THE MAJORITY OF MY  
SENSES OF SMELL AND TASTE. THEY HAVE BEEN GONE FOR ALMOST A YEAR,  
(REQUEST #142306192) RESPONSE FROM MEDICAL STAFF CONFIRMS IT TO BE PERMANENT.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WOULD LIKE THE COURT TO AWARD ME  
MONETARY COMPENSATION AS FOLLOWS;

\$500,000 FOR EXPOSING ME TO COVID WHILE UNDER THE CUSTODY & CARE OF THE JAIL.

\$3,000,000 IN PUNITIVE DAMAGES FOR FAILING TO DEVELOPE MEANINGFUL PROCEDURES FOR  
MY CARE AND A FAILURE TO PROTECT ME WHILE TOTALLY UNDER THEIR CONTROL.

\$1,500,000 FOR THE LOSS OF MY SENSE OF SMELL AND \$1,500,000 FOR THE LOSS OF  
MY SENSE OF TASTE, DEPRIVING ME OF BASIC WAYS OF INTERACTING WITH THE  
WORLD, ENJOYING FOOD (EXAMPLE) AND OTHER ASPECTS OF LIFE. BUT ALSO DEPRIVING  
ME OF THE ABILITY TO SENSE DANGER LIKE SPOILED FOOD OR A GAS LEAK, THIS  
WILL BE A LIFE-LONG PROBLEM.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

DANE COUNTY JAIL

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

THAT DESPITE THE SERIOUSNESS OF COVID THE JAIL TOOK UNREASONABLE ACTIONS IN ITS RESPONSE TO THE VIRUS, LEADING TO ME BEING EXPOSED TO THE VIRUS WHILE SOLELY UNDER THEIR CARE AND CONTROL.



- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance? IN POD 4D OF THE JAIL, GRIEVANCE # 108028123, FILED THROUGH THE HANDHELD TABLETS.

2. What did you claim in your grievance? THAT THE JAIL WAS FAILING TO IMPLEMENT COHESIVE OR COHERENT VIRUS CONTAINMENT AND ISOLATION PROTOCOLS. AND THAT DIFFERENT PODS, EXPOSED TO ~~DIFFERENT~~ THE SAME VIRUS SOURCE WERE HANDLED DIFFERENTLY, ONE ISOLATED, THE OTHER ALLOWED FREE REIGN OF THE BUILDING BECAUSE THEY WERE TRUSTEE WORKERS.

3. What was the result, if any? THEIR WRITTEN RESPONSE TO THE GRIEVANCE ADMITTED THEIR FAILURE TO PROPERLY ISOLATE EXPOSED GROUPS AND A FAILURE TO ISOLATE THE TRUSTEES. THEY THEN QUARANTINED THE TRUSTEES FOR BEING COVID EXPOSED, BUT THEN LET THEM OFF OF QUARANTINE A DAY AND A HALF LATER BECAUSE THE JAIL NEEDED THEIR LABOR TO FUNCTION.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I DID NOT NEED TO APPEAL THE GRIEVANCE, THE RESPONSE TO IT ADMITTED FAULT AND A FLAWED QUARANTINE PROCEDURE BY THE JAIL AND ITS STAFF OF SHERIFF'S DEPUTIES. STAFF

SERGEANTS MAKE THE RESPONSES AND ARE THE HIGHEST LEVEL REACHABLE ANYWAY.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I DID NOT FILE A SPECIFIC GRIEVANCE OVER BEING GIVEN THE VIRUS IN THE JAIL. THE DAMAGE WAS DONE, BUT I GUESS THIS LAWSUIT ITSELF IS A FORM OF GRIEVANCE FOR THEIR FAILURES.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

HAVING DISCUSSED THE QUARANTINES WITH MANY DEPUTIES, THEIR GENERAL RESPONSES COULD BE SUMMED UP AS ADMITTING THEY HAD POOR PROCEDURES AND NOBODY KNEW WHAT TO DO.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

COPIES OF MY POSITIVE COVID TEST AND TRUSTEE ACCOUNT ARE ATTACHED.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- 
- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: OCTOBER 7, 2021

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Jeffrey Nelson Crimes  
JEFFREY NELSON CRIMES  
#703289  
DODGE CORRECTIONAL INSTITUTION, P.O. Box 700  
WAUPAU WI 53963-0700  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

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City State Zip Code

Telephone Number

E-mail Address

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